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TRANSMITTAL **FORM** 

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		PTO/SB/21 (09-04)
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		atent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
aperwork Reduction Act of 1995, no person	s are required to respond to a coll	ection of information unless it displays a valid OMB control number.
	Application Number	10/632,658
RANSMITTAL	Filing Date	Aug. 1, 2003
FORM	First Named Inventor	BEE et al.
	Art Unit	1634 / Conf. No. 3579

Date

January 4, 2006

**Examiner Name** WHISENANT, Ethan C (to be used for all correspondence after initial filing) Attorney Docket Number GP103-03.DIV1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC 1 Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund Express Abandonment Request PTO/SB/17 (2 copies) CD, Number of CD(s) Information Disclosure Statement Return Receipt Postcard Landscape Table on CD Certified Copy of Priority Remarks Document(s) For any fee due in connection with this communication, authorization is hereby provided to debit Reply to Missing Parts/ the amount due from Deposit Account No. 07-0835, maintained in the name of Gen-Probe Incomplete Application Reply to Missing Parts Incorporated. under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Gen-Probe Incorporated Signature Printed name Christine A. Gritzmacher Reg. No. Date 40.627 January 4, 2006 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Christine A. Gritzmache

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AN 0 9 2006 & Under the Paperwork Reduc	ation Act of 1995	no persons are reg	uired to reso	U.S. Patent	and Trader	nark Office: U.S. DEF	PTO/SB/17 (12-04 07/31/2006. OMB 0651-0 PARTMENT OF COMMER a valid OMB control number
Effe	ctive on 12/08/2	004.				mplete if Know	
Appropriations Act, 2005 (H.R. 4818).			/	Application Number 10/632,658			
FEE TRANSMITTAL For FY 2005		<b>∖∟</b> ┌	Filing Date	Α	Aug. 1, 2003		
		F	irst Named Inv	entor B	BEE, Gary		
			Examiner Name	∍ V	WHISENANT, Ethan C.		
Applicant claims sma	II entity status	. See 37 CFR 1.2	27 /	Art Unit	10	634	
TOTAL AMOUNT OF PA	YMENT (\$)	130.00	7	Attorney Docke	t No. G	P103-03.DV1	
METHOD OF PAYMEN	NT (check all	that apply)					
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under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEA	FILING I		SEARC	H FEES Small Entity	EXAMII	NATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$</u>	) Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65 .	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	<del></del>
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)					Fee (\$) 50 200	Small Entity Fee (\$) 25 100	
Multiple dependent		moruumg reess				360	180
Total Claims	Extra Clain	ns <u>Fee (\$)</u>	Fee P	aid (\$)		Multiple De	pendent Claims
- 20 or HP =		X	_=			<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of tot Indep. Claims 3 or HP =	Extra Clain	<u>fee (\$)</u> x	_=	aid (\$)			
HP = highest number of ind  3. APPLICATION SIZE  If the specification an listings under 37 ( sheets or fraction Total Sheets - 100 =	FEE d drawings e CFR 1.52(e)) thereof. See Extra Shee	exceed 100 sheet the application	ts of pape size fee o (1)(G) an	due is \$250 (\$ id 37 CFR 1.1 additional 50 c	S125 for s 6(s).  or fraction	mall entity) for thereof Fee (	each additional 50
4. OTHER FEE(S)  Non-English Specif	fication, \$1	30 fee (no small	l entity di	scount)			Fees Paid (

SUBMITTED BY			
Signature	Christine a.	Registration No. 40,627	Telephone 858-410-8926
Name (Print/Type	) Christine A. Gritzmacker	7	Date January 4, 2006

Other (e.g., late filing surcharge): Statutory Disclaimer 37 CFR 1.321(c), 37 CFR 1.20(d)

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